



TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Attorney Docket No.	2665/7
Application Number	10/810,353
Filing Date	March 26, 2004
First Named Inventor	David VANKER
Group Art Unit	3627
Examiner	Ronald Laneau

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response to Restriction/Election Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Check for \$60.00 for 1 month extension (small entity) <input checked="" type="checkbox"/> Check for \$25.00 for 1 excess claim fee (small entity) <input type="checkbox"/>
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CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra
Total	21	Minus	3 (20)	0
Indep.	3	Minus	2 (3)	0

First Presentation of Multiple Dep. Claim

Rate	Add'l Fee
1 x \$25=	25.00
x \$100=	0
+ \$180=	—
total add'l fee	\$ 25.00

Small Entity or Large Entity

Rate	Add'l Fee
x \$50=	
x \$200=	
+ \$360=	
total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant(s) Steven B. Courtright, Reg. No. 40,966 Agent for Applicant(s) BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606
Signature	 Date: October 3, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: October 3, 2005

Signature	 Jeffrey A. Pine/Steven B. Courtright	Date: October 3, 2005
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